

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Cruz for President**

**A. Full Name (Last, First, Middle Initial)**

**MAUREEN GREEN**

Mailing Address 4529 NAGLE AVE.

City	State	Zip Code
SHERMAN OAKS	CA	91423-3225

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
L.A. COUNTY

Occupation  
LAWYER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

803.00

**Transaction ID : SA17.1017735**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	6

**CONTRIBUTION**

Amount of Each Receipt this Period

5.00

**B. Full Name (Last, First, Middle Initial)**

**THOMAS GREENWOOD**

Mailing Address 647 EAST 250 NORTH

City	State	Zip Code
BOUNTIFUL	UT	84010-3608

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
KPMG, LLP

Occupation  
CPA

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

625.00

**Transaction ID : SA17.1022540**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	6

**CONTRIBUTION**

Amount of Each Receipt this Period

75.00

**C. Full Name (Last, First, Middle Initial)**

**MRS. DAPHNE GREER**

Mailing Address 7100 W. COUNTY RD 48

City	State	Zip Code
MIDLAND	TX	79707-9125

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5650.00

**Transaction ID : SA17.1019981**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	1	6

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

REATTRIBUTION/REDESIGNATION REQUESTED

**Subtotal Of Receipts This Page (optional)**.....

330.00

**Total This Period (last page this line number only)**.....